

Nashville State Community College
120 White Bridge Rd
Nashville, Tennessee 37209



(monitor is responsible for this plan and initiating amendments and/or renewals to contract)

1. Contractor/Vendor/Instructor:
2. Contract Number:
3. PO Number:
4. Description of Contract
5. Payment Frequency:
6. Amendments: Number and Date:
7. Budget Revisions: Number and Date:
8. Deliverables Reporting:

(backup documentation attached):

Description	Date Received
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

9. Action Summary:

Indicate activities with Contractor/Grantee (minimum of quarterly). Document and date any activities, accomplishments, and barriers to program management. If activities performed are outside of Scope of Services, note how applicable

I, _____, certify that, to the best of my knowledge, the above is an accurate account of the goods/services/activities in regards to this contract.

Signature

Date